

Description/Generic Name/Dosage	HCP/CS Code	Effective Date	New England	Northern California	Southern California	Comments
Van willebrand factor complex per u	Q2022	07/01/00	\$0.95	\$0.95	\$0.95	
Brachytherapy radioelements	Q3001	07/01/00		No Price	No Price	
Supply of radiopharmaceutical diagnostic imaging agent, gallium ga 67 per mci	Q3002	07/01/00	\$25.85	\$22.24	\$25.65	
Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m bicisate per unit dose	Q3003	07/01/00	\$403.99	\$403.99	\$403.99	
Supply of radiopharmaceutical diagnostic imaging agent, xonon xe 133, per 10 mci	Q3004	07/01/00	\$30.16	\$30.91	\$30.16	
Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m mercurate, per mci	Q3005	07/01/00	\$221.35	\$232.42	\$221.35	
Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m gluceptate, per 5 mci	Q3006	07/01/00	\$22.61	\$22.61	\$22.61	
Supply of radiopharmaceutical diagnostic imaging agent, sodium phosphate p32, per mci	Q3007	07/01/00	\$81.10	\$104.22	\$81.10	
Supply of oral radiopharmaceutical diagnostic imaging agent, indium 111-in penterotide, per 3 mci	Q3008	07/01/00	\$935.75	\$1,025.41	\$935.75	
Supply of oral radiopharmaceutical diagnostic imaging agent, technetium tc99m oxidronate, per mci	Q3009	07/01/00	\$36.73	\$18.02	\$36.73	
Supply of oral radiopharmaceutical diagnostic imaging agent, technetium tc99m labeled red blood cells, per mci	Q3010	07/01/00	\$40.90	\$42.94	\$40.90	
Supply of oral radiopharmaceutical diagnostic imaging agent, chromic phosphate p32 suspension, per mci	Q3011	07/01/00	\$150.86	\$167.53	\$150.86	
Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt co57, per 0.5 mci	Q3012	07/01/00	ICIC	No Price	Not Covered	ORAL
Injection, verteporfin, 15 mg	Q3013	07/01/01	Deleted 12/31/01	Deleted 12/31/01	Deleted 12/31/01	
Injection of epo, per 1000 units, at patient hct of 20 or less	Q9920	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 21	Q9921	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 22	Q9922	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 23	Q9923	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 24	Q9924	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 25	Q9925	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 26	Q9926	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 27	Q9927	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 28	Q9928	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 29	Q9929	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 30	Q9930	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 31	Q9931	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 32	Q9932	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 33	Q9933	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 34	Q9934	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 35	Q9935	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 36	Q9936	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02

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Description/Generic Name/Dosage	HCPCS Code	Effective Date	New England	Northern California	Southern California	Comments
Injection of epo, per 1000 units, at patient hct of 37	Q9937	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 38	Q9938	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 39	Q9939	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02
Injection of epo, per 1000 units, at patient hct of 40 or above	Q9940	01/01/91	\$12.69	\$12.69	\$12.69	2002 June 10/1/02

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AWP003-0036

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Description/Generic Name/Dosage	HCPCS Code	Effective Date	New England	Northern California	Southern California	Comments
Injection, methylgonovine maleate, up to 0.2 mg	J2210	01/01/82	Not Covered	\$3.88	\$3.55	
Injection, chlorprocaine hcl, per 30 ml	J2400	01/01/86	\$6.39	Not Covered	\$10.50	
Injection, phenobarbital sodium, up to 120 mg	J2560	01/01/82	\$6.05	Not Covered	\$6.35	
Injection, oxytocin, up to 10 units	J2590	01/01/86	Not Covered	\$1.28	\$1.18	
Injection, prolinein, per 250 mcg	J2725	01/01/95	\$24.40	\$24.40	Not Covered	
Injection, methocarbamol, up to 10 ml	J2800	01/01/82	\$3.80	\$3.80	Not Covered	
Injection, theophylline, per 40 mg	J2810	01/01/82	ICIC	Not Covered	\$1.09	
Injection, sodium chloride, 0.9%, per 2 ml	J2912	01/01/86	Not Covered	\$0.78	\$0.79	
Injection, streptokinase, per 250,000 iu	J2995	01/01/86	\$126.67	\$126.67	Not Covered	
Injection, testosterone enanthate, up to 100 mg	J3120	01/01/82	Not Covered	\$12.39	\$11.32	
Sterile saline or water, up to 5 cc	J7051	01/01/94	Not Covered	\$0.87	Not Covered	
Azathioprine, oral, 50 mg	J7500	01/01/88	\$1.25	Not Covered	Not Covered	
Azathioprine, parenteral, 100 mg	J7501	01/01/88	\$59.84	Not Covered	Not Covered	
Cyclosporine, oral, 100 mg	J7502	01/01/00	\$5.22	Not Covered	Not Covered	
Murimonoab-CD3, - parenteral, 5 mg	J7505	01/01/88	\$777.31	Not Covered	Not Covered	
Prednisone, oral, per 5 mg	J7506	01/01/89	\$0.02	Not Covered	Not Covered	
Tacrolimus, oral, per 1 mg	J7507	01/01/95	\$3.03	Not Covered	Not Covered	
Tacrolimus, oral, per 5 mg	J7508	01/01/95	\$13.99	Not Covered	Not Covered	
Methylprednisolone, oral, per 4 mg	J7509	01/01/96	\$0.51	Not Covered	Not Covered	
Prednisolone, oral, per 5 mg	J7510	01/01/96	\$0.03	Not Covered	Not Covered	
Leuprolide acetate, per 1 mg	J9218	01/01/90	\$69.79	Not Covered	Not Covered	
Diphenhydramine hydrochloride, 50 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment not to exceed a 48-hour dosage regimen	Q0163	04/01/98	No Price	Not Covered	Not Covered	
Prochlorperazine maleate, 5 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0164	04/01/98	No Price	Not Covered	Not Covered	
Prochlorperazine maleate, 10 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0165	04/01/98	No Price	Not Covered	Not Covered	
Granisetron hydrochloride 1 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Q0166	04/01/98	No Price	Not Covered	Not Covered	

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Description/Generic Name/Dosage	HCPCS Code	Effective Date	New England	Northern California	Southern California	Comments
Dronabinol 2.5 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0167	04/01/98	No Price	Not Covered	Not Covered	
Dronabinol 5 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0168	04/01/98	No Price	Not Covered	Not Covered	
Promethazine hydrochloride 12.5 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0169	04/01/98	No Price	Not Covered	Not Covered	
Promethazine hydrochloride 25 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0170	04/01/98	No Price	Not Covered	Not Covered	
Chlorpromazine hydrochloride 10 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0171	04/01/98	No Price	Not Covered	Not Covered	
Chlorpromazine hydrochloride 25 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0172	04/01/98	No Price	Not Covered	Not Covered	
Trimethobenzamide hydrochloride 250 mg, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0173	04/01/98	No Price	Not Covered	Not Covered	
Thiethylperazine maleate 10 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0174	04/01/98	No Price	Not Covered	Not Covered	
Perphenazine, 4 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0175	04/01/98	No Price	Not Covered	Not Covered	
Perphenazine, 8 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0176	04/01/98	No Price	Not Covered	Not Covered	

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Description/Generic Name/Dosage	HCPCS Code	Effective Date	New England	Northern California	Southern California	Comments
Hydroxyzine pamoate, 25 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0177	04/01/98	No Price	Not Covered	Not Covered	
Hydroxyzine pamoate, 50 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0178	04/01/98	No Price	Not Covered	Not Covered	
Ondansetron hcl, 8 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0179	04/01/98	No Price	Not Covered	Not Covered	
Dolasetron mesylate, 100 mg, oral, fda approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen	Q0180	04/01/98	No Price	Not Covered	Not Covered	
Unspecified oral dosage form, fda approved approved rx anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Q0181	04/01/98	No Price	Not Covered	Not Covered	
Oral, cabergoline, 0.5 mg	Q2001	07/01/00	No Price	Not Covered	Not Covered	
Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt co57, per 0.5 mci	Q3012	07/01/00	ICIC	No Price	Not Covered	

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